

Department For Behavioral Health, Developmental and Intellectual Disabilities
Administration and Financial Management
Rate Notice

Facility: Eastern State Hospital LTC/ABI

Fiscal Year 2019

Nursing Cost

1.	Total Allowed Nursing Cost	\$ 2,373,986.00
2.	Trending Factor	1.0280000
3.	Trended Nursing Cost	\$ 2,440,457.61
4.	Indexing Factor	1.0280000
5.	Indexed Nursing Cost	\$ 2,508,790.42
6.	Patient Days	5,883
7.	Nursing Services Per Diem Payment Rate	\$ 426.45

All Other Cost

1.	Other Care Related Costs	\$ 224,614.00
2.	Other Operating Costs	\$ 1,136,975.00
3.	Indirect Ancillary Costs	\$ 28,408.00
4.	Total All Other Costs (Other Than Capital) - calculated	\$ 1,389,997.00
5.	Trending Factor	1.0280000
6.	All Other Costs Trended - calculated	\$ 1,428,916.92
7.	Indexing Factor	1.0280000
8.	All Other Costs Indexed	\$ 1,468,926.59
9.	Capital Costs	\$ 432,308.00
10.	Total All Other Costs (Trended and Indexed)	\$ 1,901,234.59
11.	Patient Days	5,883
12.	All Other Cost Per Diem	\$ 323.17

Payment Rate Computation

1.	Nursing Services Per Diem Payment Rate	\$ 426.45
2.	All Other Cost Per Diem Rate	<u>\$ 323.17</u>
	TOTAL RATE	<u>\$ 749.62</u>